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ORIGINAL AND SELECTED ARTICLES.

THE RELATION OF ERRORS OF REFRACTION AND ACCOMMODATION TO DEFECTIVE SIGHT, AND TO SOME NERVOUS DISTURBANCES.

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Should a person wear glasses when glasses enable him to see more plainly and are a source of comfort to him, is no longer a question, any more than it is a question that he should wear a brace in Potts' disease to support the weight of the spinal column from bearing down upon the diseased bone.

To wear glasses when glasses are beneficial is no longer considered "affected" or "foppish," any more than to use a cane when a cane assists a lame leg.

The old idea that one should postpone the use of glasses as long as possible, even at the sacrifice of comfort and good vision, and possibly of healthy lids or of perfect nervous functions, is is long since exploded. The old adage was: "Refrain from glasses just as long as possible, because if you begin them you *cannot* leave them off." If, in the above reason, *will not* be substituted for *cannot*, it will come nearer the truth, since he who needs them and uses them *will not* give them up because of the comfort and

assistance they render him, and not because he sees worse without them than he did before he began their use.

Anomalies of refraction and accommodation enter into the etiology of defective vision and many nervous derangements to a far greater extent than many practitioners conceive or will admit. It is unfortunate that the impression should prevail among so many that this subject is one of unusual difficulty. A moderate amount of application will render any physician able to, at least, recognize the difference between these and other causes of disturbed vision.

By making reference to some of the laws of light, the subject can be made simpler. For example: "Rays of light passing from a rarer to a denser medium are refracted towards the perpendicular;" then, in passing from the air into the refractive media of the eye, the rays of light are refracted towards the perpendicular and, hence, meet and focus on the retina in an emmetropic (normal) eye, Anterior to the retina in a myopic (near-sighted) eye and posterior to the retina in a hyperopic (over-sighted) eye, provided the accommodation is in a quiescent state and the rays of light are parallel, *i. e.*, come from a distance.

Then, in the emmetropic eye (the ideally correct eye) while in a state of rest, *i. e.*, while accommodation is not exercised, rays of light proceeding from a distant object are brought to a focus by the refractive mediæ (cornæ, aqueous, lens and vitreous) upon the percipient layer of the retina. Practically, rays of light proceeding from an object twenty feet or more distant are parallel; within that distance, divergence begins and increases as the object approaches; and as the rays become more and more divergent—as the object approaches—they are focussed farther and farther behind the retina of the normal eye, if it remain quiescent; but if the eye accommodates, *i. e.*, if the lens becomes more convex, the increased divergent rays are neutralized and the focus falls again upon the retina. Hence, we see, accommodation is exercised—an effort is kept up—even in the most perfect eye; for example, in reading.

This explains how the most natural eye, if kept reading or at close work for a long time, will feel tired and ache, and perhaps the letters will appear blurred. The muscles of accommodation have become tired, just as any other muscle will tire if overworked. Rest is the natural remedy; but, if this be out of the question, the next best thing is to place a pair of weak convex glasses (the number suited to each case) in front of the eye to lessen the necessity of

so much accommodation. This power, called accommodation, is brought about by the contraction of the ciliary muscle, which, by its contraction, relaxes the suspensory ligament and permits the crystalline lens, by its own elasticity, to become more convex and, hence, increase its focal power. Accommodation becomes stronger and stronger as the object approaches nearer and nearer the eye. Up to a certain point vision is clearer, because the retinal image is large; but when that point, called the "near point," is reached, vision is no longer clear, because accommodation can no longer overcome the extreme divergence, and the focus is thrown behind the retina.

In young persons and in myopes this "near point" is very much nearer than in older persons, in whom the lens has become naturally harder. For example: a man of 45 or 50 holds his newspaper at arm's length, that the rays of light leaving the page may enter the eye as nearly parallel as possible. To demonstrate, bring this page gradually nearer your eyes and the letters will blurr when it has reached to within 3 to 6 inches; now introduce before your eye a card with a pin-hole in it and the "near point" will approach nearer, because the small opening through which the letters are seen excludes the external or divergent rays and admits only the central ones, or those which are nearly parallel.

We have stated that in early life the lens is soft and this effort of the ciliary muscle which produces accommodation is most easily accomplished and maintained; but when the age of 45 or 50 is reached the lens becomes so hard that its elasticity is diminished; hence, accommodation is diminished and the "near point" recedes to eighteen inches or two feet. This condition is called presbyopia (old sight). It is purely a physiological change and should not be regarded with anxiety. It should be corrected by properly adjusted convex glasses for reading, that the page may be held closer to give a larger retinal image. A convex lens is placed in front of the eye to add to the power of the hardened crystalline lens.

In order that the effort of accommodation may be kept up for the greatest length of time without tiring the normal eye, two things are necessary: a good light, adjusted so that its rays may fall well upon the page, for instance, in reading, and the page should be held as far from the eye as perfect distinctness will admit. For example, when the "near point" is a distance of eight inches, prolonged adjustment cannot be sustained unless the page be held at 16 or 20 inches.

EMMETROPIA.

An emmetropic eye is the one, the refractive mediæ of which are able without the aid of accommodation to focus parallel rays upon the retina.

MYOPIA.

In a myopic or near-sighted eye, parallel rays of light are focussed before reaching the retina and, therefore, the eye is longer than the focal distance of its refractive media.

HYPEROPIA.

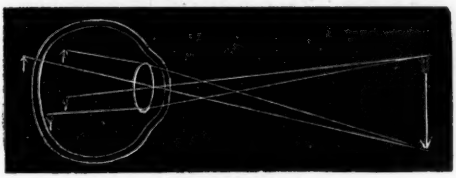
In hyperopia or hypermetropia (over-sight), the focus falls beyond the retina and, consequently, the eye is shorter than its focal distance."

A person with normal eyes who looks through strong convex or concave glasses is beset with the same difficulties as the individual who has uncorrected hyperopia or myopia.

The hyperope is compelled to overtax his muscles of accommodation while the muscles of convergence (the internal recti) are only normally acting, and the myopic person strains the muscles of convergence while the ciliary muscles are almost at rest.

It will be seen that a muscular effort of the internal recti is always necessary in addition to the effort of accommodation; because, in bringing an object near the eyes, it is necessary that the eyes should become more convergent in order that the retinal image in each eye should fall exactly upon the macula lutea, by which means alone is single vision from two eyes obtained. Motor branches of the same nerve supply the internal recti and ciliary muscles; so that, although they act independently, they should act

together; hence, when, from any cause, they act unequally, a disturbance of vision or pain is the result. This can be demonstrated by any one with a normal eye. Such a person may read with the page at a proper distance from the eye or look at a distant landscape an almost indefinite length of time without experiencing any inconvenience, but if he should attempt to read with strong convex glasses, or to look in the distance with strong concave glasses, the harmony in the action of the recti muscles and the ciliary muscles is disturbed and a discomfort or a pain in the eyes is felt.



ASTIGMATISM.

Astigmatism is a refractive error productive of more disturbance, and is more difficult to correct, than either myopia, hyperopia or presbyopia. It is also liable to produce more nervous manifestations. In this condition either the cornea or the lens, generally the former, is irregular, and, as a consequence, an imperfect or distorted image is produced upon the retina. One may obtain an idea of this condition by looking through an imperfect window-glass at the distorted objects. One meridian may focus the rays of light that pass through it anterior to the retina, and another meridian posterior to the retina. One meridian may fall upon the retina, and another either anterior or posterior to it, or all meridians may fall anterior, or all posterior to the retina. This error (regular astigmatism), then, manifestly, may complicate either emmetropia, hyperopia or myopia. For this reason we have simple astigmatism, either hyperopic or myopic, and compound astigmatism, both hyperopic and myopic; and there may be mixed astigmatism, in which either hyperopia or myopia may predominate.

All of these well known facts have been mentioned only that the reader may more clearly understand the views of some late authors on the relation which exists between some errors of refraction and some so-called functional nervous diseases.

That blepharitis is frequently caused and kept up by errors of refraction, especially hyperopia, was demonstrated some years ago by Dr. Roosa, of New York, and has since been many times confirmed; indeed, it is often impossible to cure this disease without correcting the refractive error.

Any one who has observed the annoyance produced by an uncorrected hyperopia or astigmatism can readily understand how they may cause serious nervous disturbances.

Dr. J. E. Harper says: "As a general rule, certain forms of visual defects and functional nervous diseases are in relation to each other as cause and effect."

"That neuralgia, vertigo, the common forms of headache, epilepsy, chorea, hysteria and certain forms of insanity may have their origin in defects in the shape of the eye, requiring an unnatural exertion of its muscles of accommodation and convergence." He gives an apt simile: "We may compare the heart of a man to the main-spring of a watch, while the delicate nerves which control the accommodation of the eye may be compared to the fine hair-spring of the time-keeper. It matters little how often we wind the watch, and thus supply tension to the main-spring, if the delicate hair-spring is not well fixed in its place—if it is a little too long, a little too short—our watch is out of time and cannot be made to run true; but regulate the tension of this extremely delicate spring and the movement of the watch becomes perfect and reliable. So, the heart may supply the force necessary for the perfect working of the human machine; but if the tension upon these delicate nerves is not well regulated there may be such nervous disturbance as seriously to impair the comfort and usefulness of the individual. There may be a broken cog or an imperfect wheel in the time-keeper which, in spite of main-spring or regulator, will sooner or later stop the watch; and in the human machine there may be germs, organic lesions, which will disturb or destroy its workings; but, excepting these, and other things being equal, the boy or girl with the best heart and the best eye is the most completely armed for the battle of life."

When errors of refraction occur in children, they are more often overlooked than in adults, because such troubles are popularly believed to be peculiar to adult life. If the cause is not apparent, the child is accused of maligning or of inattention. When such troubles occur in children they should be immediately examined, the cause found and corrected; if not, application to books will intensify the trouble and it will grow worse as the child grows older.

Most all errors of refraction can be easily corrected if no other defect exists. We are often asked: "Doctor, can you not give me good sight in some other way than fitting glasses to my eyes?" A man with one leg might as well ask: "Can I not have my leg restored without having to use an artificial one?" Art made

a long stride when she furnished the almost perfect artificial leg; but more good has been wrought since we have been enabled to adjust glasses to almost any error of refraction in such a manner that vision is, in many cases, perfectly restored.

"Formerly, when a person reached 45 or 50 years of age, and found that he was forced to trombone his newspaper in order to find the least uncomfortable distance at which to hold it, he sought the nearest jeweler, bought a pair of spectacles which seemed nearest right, but which were often most completely wrong, concluded that he was growing old and losing his powers, and so, with as good grace as possible, submitted to the greatest cross and humiliation of his life."

Physicians should endeavor to correct the erroneous popular impression that exists in regard to spectacles. Statistics have time and again proven that nearly one-fourth of the children in our schools have some anomalous refraction, and, since our present system of education has brought about this condition, it only remains for us to try to ameliorate the condition as best we can. Properly fitting glasses will not only often check the progress of a myopia or hyperopia in a child, but will often lessen the refractive error, so that after a few months or years they may be left off entirely.

Dr. G. F. Stevens, in an article upon this subject, says: "The wearing of glasses for the correction of errors of refraction is neither an indication of age or of foppery, but a sensible acceptance of the great benefits which science confers. No longer do those who are well informed in respect to such troubles seek a shop where glasses are kept on sale; for one might about as well, if he desired a photograph taken, request his neighbor to sit for him or search through the show-cases of the photographer for a good picture of himself. He must sit for his own photograph and he must sit for his own glasses, and often the highest scientific knowledge of the surgeon and the most consummate skill of the artisan are brought into requisition for the correction of a refractive error of the very existence of which the patient is scarcely aware."

Hitherto this knowledge of the surgeon and skill of the worker in glass have been, almost exclusively, of service only when the patient complains of visual troubles; henceforth, I am convinced that these visual troubles will be sought for in order to afford relief, for the protection against many nervous affections.

A VOTE ON THE CODE QUESTION in the State of New York, according to the Medical News, shows that of 2943 physicians, 2256 are in favor of the old code, and only 687 in favor of the innovation.

CASE OF MAN VS. MONKEYS, DOGS ET. AL.

BY E. VAN GOIDTSNOVEN, M.D., OF GEORGIA.

But a short time ago the bill posters of Paris were busy spreading on the walls of the great French metropolis a large yellow placard representing two monstrosities in human form, whose faces were entirely covered with hair, and on this account, although very improperly, as will be presently shown, they were heralded as "The Man Dog and His Son."

The fact is, these two phenomena have nothing of the dog, not even its intellect. Indeed, intellect seems to be null in them or, at least, considerably obtuse. A veil—thick and, I might say, impervious—covers it, screens it from scrutiny as eflectively as does the immeasurably long hair hide from view the features of either individual.

A particularity which distinguishes them from other men is the extraordinary length of the facial hair. The beard, long, silky and glossy, ascends up to the eyes, and the hair encroaches so low on the forehead as to mingle with the eyebrows. To this add an incomplete development of the jawbone, which presents only ten teeth in the man and eight in the boy, and you will have all the characteristics whose sum total form these strange anomalies. The main one, the most striking, and, if I may be permitted to say it, the most specific, consists simply in the superabundance and excessive length of the hair, which, although covering the whole body, can only be seen on a few selected and determined places.

"The Man Dog and his Son"—I shall name them so, since they are introduced to us under that cognomen—form, therefore, neither a distinct species nor a distinct race. Their shaggy aspect in no way should constitute a very remarkable monstrosity any more than the total absence of beard ordinarily seems to draw particular attention. The man presents nothing strange beyond his beard, hair and teeth. He is of medium stature, and well proportioned. His broad shoulders and slightly bent dorsum indicate a great muscular strength. His look bespeaks no intellect. The color of his hair is of a dark brown. As to the boy, he is almost an albino, and, on this account, more interesting than the father. Such are the two individuals torn, as it were, from the dense forests of the government of Kostroma, Russia.

There exists a race of men remarkable in many respects, and particularly on account of the extraordinary development of their pilous system. I refer to the true aborigines of Japan, called Ainos,

the genuine autochthous of the Empire of the Rising Sun. Once the proud possessors of the soil, they have been conquered, evicted and driven off by the Japanese, the ruling race of to-day. The Ainos, now banished in the islands of Yesso, Karafto, Kuriles and a portion of Tunkuse Tartary, still remember their former prestige and power. If the Japanese consider them as uncouth savages, unacquainted with, or rather indifferent to the usages, customs, manners and modus vivendi of Japan, the Ainos, in their turn, look upon the Japanese as intruders and pirates, living on plunder and ill-gotten possessions. In proof thereof I will cite the following epigram of Abeno Moneto, who, having been defeated by the troops of the Mikado and brought a captive to the Japanese Capital, remarked to the sneering courtiers, as he pointed out to them the gorgeous display of some Medlars blooming near by: "There I recognize the blossoming gems of my country, the flower of the Medlar! But, you men of the court, how do you name them?" The Ainos entertain no feeling but that of utter contempt for their conquerors, who are, as it were, beardless. Brave, robust, strong and industrious, they cling to their soil with a truly heroic tenacity, and culrivate it *cum amore*. They are of a peaceable and complying, though not over-confiding temper. In their language, which is not the Japanese, their name signifies *man par excellence*. Their race is evidently a primitive one, and may be said to be of no mixed nor cross blood, free from any foreign streak. The color of their hair is either black or fawn, that of their skin red—not unlike that of the Red Skins of America, which some authors contend was originally peopled by them.

The shaggy tribes have in all times, and especially in antiquity, enjoyed a high reputation for strength, courage and bravery. Homer, singing in his immortal Iliad the bloody quarrels and strifes of the wild ancestors of the Hellanes, takes special care in dwelling upon the fact that Achilles, Agamemnon and other famous warriors had shaggy breasts, thus producing an incontestable proof of corporal strength and superior physical attainment. Isaiah, in his prediction of the fall and ruin of Babylon, says that she will fall a prey to the dragons and *satyrs*. who shall take their sport therein. According to Mythology and Webster's definition, a *satyr* is a sylvan deity, a demi-god, a monster, part man and part goat, and characterized by riotous merriment and lasciviousness. As there is no myth, neither in nature nor in Diyine revelation, there can be but one rational interpretation of the word *satyr* in this instance; that is, man with long hair or wool and rugged, shaggy skin, like the Ainos.

Western Europe was once governed under the sway of the powerful Tartarian Ainos. Attila was the son of an Ainos, and the Huns were, in all probability, the descendants of that old race, which is still extant and lives in Japan. They were, doubtless, driven from their native land by either famine, pestilence or the incursion of a race superior to theirs in strength, number or power. History tells us that they rushed like a torrent on Europe, which they overran and devastated in every direction until they met with defeat and death in the Catalonian plains of France. According to tradition, Sweyne, King of Denmark, was of the same origin.

Those men with bodies and faces disappearing, so to speak, under a thick layer of hair naturally suggest the idea of associating them with monkeys, to whom they would seem to be closely related. Such, indeed, was the estimation antiquity set upon them. The Ramayana, an Indian poem which relates their conquest of India at a very remote period, describes them as true monkeys. The strange aspect of the conqueror, together with the hatred they inspired in the conquered, more than likely contributed to stamp such a prejudice within the public mind of those days and force it to accept the myth with as implicit a faith as though it were a dogmatic truth.

But all these are merely idle speculations, and simply amount to naught. Man, no matter how material the deformity under which he presents himself, does not descend from the monkey any more than the monkey descends from man. In vain do Darwin and his followers endeavor, in their study of human origin, to assign to man and the monkey a common parentage, a common ancestry; they cannot help their opinion being received only as a purely gratuitous hypothesis, which no fact has hitherto either corroborated or confirmed. But the objection may arise: "What of the Niams-Niams, or negroes with caudal appendices, said to have been found in Africa? To this I will simply reply that those monkeys whom Nature has brought nearest to man have no tails, and, consequently, should rank higher than the Niams-Niams in the scale of intellectuality. They should be more civilized than the Niams-Niams, and like them, possess—but in a higher degree—the power of speech! And yet such is not the case.

But do the Niams-Niams, such as have been described a few years ago, really exist? Is it true that a whole tribe of Negroes has been vouchsafed the glorious privilege of a prolongation of the spinal column in the form of a tail?

Numerous testimonies of the most positive character and the writings of credible observers have been adduced in support of

an affirmative answer. True, the majority were not eye-witnesses, but gave a faithful account of all the minute details that were given them in the language of asseveration. One instance represents an Abyssinian priest, a man free from credulity and remarkable for his great learning and depth of thought, giving the minutest details concerning the tail, its situation, form, length, the fawn color of the hair covering it, etc., etc.; not an item remains untold, and every point seems to be obviously explained and irrefutably established. Another instance is that of a distinguished traveler obtaining from a trustworthy negro valet a full and complete unraveling of the whole mystery. Moreover, it is contended that the existence of men with tails, called Niams-Niams, is so well known and affirmed in Egypt and Turkey that the populations of those countries express their wonder at its being disputed in nations claiming to be civilized. "Everybody in Turkey believes it; why do you not believe it, too?" Such is the remark made to any doubtful Westerner. Orientals are prone to be credulous in matters savoring of the marvellous. The rest of the world is not apt to accept with an implicit faith those prodigious or fabulous statements. Solid reasons and positive proofs are absolutely necessary to convince a respectable portion of mankind. The latter, like St. Thomas, wish to see and to touch, and even then are not fully convinced.

The following was written by a physician attending the hospitals of Constantinople:

"In 1852 I saw, for the first time, a negress with a tail. Struck with this phenomenon, I questioned her master, who was a slave-trader. He informed me that there exists a tribe called Niam-Niam, living in the very depths of Africa. Every member of that tribe bears the caudal appendix; and, as the Oriental imagination is very prone to exaggeration, he assured me that a tail two feet in length is not a very rare thing to behold. The one I saw was smooth and hairless, two inches in length and tapered down to a point. The color of this woman was jet black, her hair very thick, matted and woolly. Her teeth were purely white, coarse and set in alveoli strongly projecting outward. The four incisors had been filed. Her eyes were bloodshot. She fed on raw meat. Her garments greatly annoyed her. Her intellect seemed to be at par with that of the members of her tribe.

"Her master had been trying to sell her for six months, but could find no purchaser, notwithstanding he proposed to dispose of her at a low price. The cause of the disgust she inspired did not lie in her tail, but in her appetite and avowed cravings for hu-

man flesh. Her people live on the flesh of prisoners captured in their constant warfares with neighboring tribes.

"As soon as one of them dies, the relatives, instead of proceeding to inhumation, carve the remains and feast thereon. Of course there are no cemeteries in that region. They do not all lead a wandering life. Many of them dwell in huts constructed out of forest growth. They are skilled in the manufacture of war and agricultural implements. They cultivate Indian corn and rye, and raise cattle. The Niams-Niams speak a language of their own, the composition of which is very primitive, interspersed with a few Arabic words.

"They live in complete nudity, and only seek to gratify their sensual appetites. The strongest amongst them is the de facto and de jure chief of the tribe. He alone divides and distributes the spoils. It is not known whether they have a religion. It is hardly probable that they have, when one considers the facility with which they embrace any creed that is preached to them.

"To tame them completely is a most arduous task. Their instinct impels them to the devouring of human flesh, and many instances are cited of slaves having massacred and devoured children entrusted to their care for safe-keeping.

"Last year I saw a man of this tribe with a tail an inch and a half long, covered with a few hairs. He appeared to be thirty-five years of age, robust, well-proportioned, jet black, with the same peculiar conformation of the jaw as above cited, namely, with alveolæ projecting outward. It is customary with those people to file the four incisors in order to lessen the masticating power."

Other writers, like the physician of Constantinople, affirm that they have seen with their own eyes and touched with their own hands this strange appendix. Although their statements are at variance as to the thickness, length and color of the caudal hair, yet they are unanimous in affirming the existence of the appendix and its firm adhesion to the spinal column. Hence, the natural conclusion that there must, necessarily, exist a negro tribe wherein the tail is an hereditary appendage. Such is not the case. Further inquiry and developments have proved this to be an idle inference. The Niams-Niams are born without a tail. That which they bear is but the result of a graft skillfully inserted. Hence, this diversity and variety of tails above mentioned.

With the Niams-Niams the tail is a distinctive mark of high rank, and entitles its proud possessor to the right of proclaiming that he is of free and noble birth or, in Virginian parlance, a lineal descendant of one of the F. F. N. N. With them, therefore, the tail is synonymous with heraldry—a true coat of arms.

"Honi soit qui mal y pense!" Fashion, customs and manners vary with every people!

BILIARY CALCULI.

BY C. S. WEBB, M. D., OF VIRGINIA.

A few weeks ago I was called out of church to see Mrs. Blank, in an attack of "stomach cramp," to which she has been subject for several years, during which time I have been her family physician. I had never seen her with an attack on, and had been puzzled about the diagnosis; but this time I had no difficulty in deciding that she was passing a gall-stone.

(1) The location of the pain.

(2) It was cutting, tearing.

(3) The countenance of the patient indicative of the keenest agony.

(4) The utter failure of the most powerful anodynes, given in full doses.

(5) The nausea and vomiting.

(6) The sudden subsidence of the pain, and the subsequent soreness.

(7) The presence of bile in the urine the next morning (the attack having lasted all day Sunday and part of the night).

(8) The jaundice hue that was present the next morning, but which faded after twenty-four hours.

The diagnosis was plain, and the question before me was how to empty the gall-bladder of the remaining stones and give this poor sufferer relief. I went at once to my books, "hallowed companions, tutors, ministers." The first thing I did was to study the chemistry of cholesterin, then read several works on practice, after which I went through huge piles of journals, reading every article on the subject. The treatment decided on was as follows:

I began on Thursday, and gave the following:

℞ Chloroform ..... }
Ol. olivæ ..... }
Pulv. acaciæ ..... } aa. ʒ ij,
Sacch. alb ..... }
Aq. menth. pip ..... ʒ i,
Aquæ, q. s, ... ʒ iv.

M. Sig. A teaspoonful every four hours. Shake well.

This she took regularly until Saturday morning, when I proceeded to her house armed with a pint of the best olive oil. Having satisfied myself that the stomach was empty, I gave her nearly a gobletful of the olive oil. After forty minutes had elapsed she was placed on the left side, with the hips elevated above the shoul-

ders. In this position she lay for one hour and a half, after which she was permitted to change her position to suit her own comfort.

Three and a half hours after taking the oil she had a copious discharge from the bowels. The fæces were diluted and strained through a wire sieve, when I had the pleasure of collecting about one hundred gall-stones, the largest being about the size of a gardenpea. She has not had the cramp since, and, I trust, will never have it again. She is now taking Stewart's hydrated succinate of the peroxide of iron, a teaspoonful three times a day, as advised by Dr. T. H. Buckler, to prevent, if possible, the crystallization of the cholesterin in future. Now, to what does she owe her delivery? To the chloroform or to the olive oil, or shall they divide the honors? The former was given in accordance with the views of Dr. T. H. Buckler, and the latter was given after the manner of Dr. Babbitt, as detailed in the Medical Brief, July, 1881. Bartholow, in his latest work on Practice, says: "It has been gravely proposed to administer chloroform as a solvent of gallstones." He also says that Dr. Buckler's idea of giving the hydrated succinate of the peroxide of iron "is based on some theoretical notions." Bartholow himself, however, strongly recommends the use of phosphate of soda. May not this, also, be a "theoretical notion?" He says nothing about olive oil, although much has been written about it in the journals.

Let us not be too tenacious of our own theories and reject those of other physicians, which *may* be better than ours except that *we* did not originate them. Above all, let us not emulate the example of the Frenchman who, when told that the facts were opposed to his theory, shrugged his shoulders and said, "So much the worse for the facts." He intended to keep his theory and let the facts take care of themselves; but a fact will ever remain a fact, despite all our theories to the contrary.

I would humbly suggest that those who write books should read a large number of medical journals and consider carefully the testimony in favor of a certain line of treatment, even though it should be against the author's own practice. And having said this much, I leave the reader to decide what treatment he will adopt for Biliary Calculi.

To Disguise the Taste of Medicines.—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before and after the dose, to blunt the sense of taste, the dose taken between them in a wineglassful of iced water, renders such medication easy to most persons.—*Squibb's Pharmacist.*

ORCHITIS.

BY H. M. LAWSON, M.D., OF GEORGIA.

A recent case or two of orchitis brought to mind a little contrivance of my younger days, when I more often had to prescribe for this difficulty. In those days I tried the bandage, adhesive straps and suspensories of different kinds; but, as they all failed to meet the indications as perfectly as I thought they ought, I endeavored to do so by trying plans of my own. After various contrivances, more novel than useful, I hit upon the following, which answered the purpose admirably:

Take a piece of cheap, thin homespun, about three and a half inches long and three-fourths of an inch wide, double it the long way and sew the edges together; then fill with cotton, not too tightly, sew a button on one end and make a button-hole in the other; this, when buttoned, will form a ring. All that is necessary in addition to this is a piece of the same kind of homespun four inches square. Apply as follows: Put the center of the square piece of cloth to the center of the swollen testicle below, bring the edges and corners up around, completely inclosing it, then button the ring around above the testicle, which will hold it in position. Now draw upon the edges and corners of the square piece all around until sufficient compression is made. The sound testicle is to be left above the ring.

If too much compression is made it is easily removed by drawing the cloth in the opposite direction: it is easily increased or diminished at will. Its other advantage will be apparent on using it. Easily obtained, applied and adjusted, I feel sure that no one who tries this method will afterward use any other.

I think I have seen it somewhere, lately, advised to omit compression altogether, and I think, too, that this was due to the difficulty of satisfactorily applying compression.

HEPATIC DYSPEPSIA.

BY THOMAS H. LINE, M. D., MARQUETTE, NEB.

This is an affection of which you have patients of all ages, both old and young. They complain of not being able to sleep well at night, and on arising in the morning they complain of pain in the temples and a burning sensation in the stomach. These symptoms go on increasing gradually until they begin to feel sick at the stomach at a time varying from half an hour to an hour after

eating, and with this feeling there will be regurgitation of sour matter into the mouth and, very often, vomiting; sometimes, however, they cannot vomit, but there is a constant nausea and retching. There will be, in connection with these symptoms, a peculiar sensation in the bowels. They will tell you that it acts as though something was biting them, and occasionally ask if it is not worms working in their bowels, or "running around" as they say. This sensation occurs about the navel and is accompanied by frequent flashes of heat and cold, alternately; occasionally a chill occurs.

We have now brought forward symptoms which point to several distinct functional disturbances, all of which belong primarily to a functional disturbance of the liver, and latterly those belonging to a functional disturbance of the stomach. Most of the symptoms can, however, be referred to a disorder of the liver. It is probable that this derangement of the liver is due to the fact that not a sufficient quantity of bile is furnished for purposes for which it is needed. This may be due to the liver's inability to produce enough bile, or it may be due to the obstruction of the gall ducts, thus preventing its being eliminated. I am inclined to believe that the latter is the cause of the cases that came under my observation. Hard water or strong lime water seem to be predisposing causes. To relieve these symptoms is a question that will sometimes trouble the best of us. As a rule, they have been taking all kinds of patent medicines, and only when they are unable to stand it any longer they apply to you for treatment. Some will tell you to put them on iron, quinia or some other tonic. I think a treatment of this kind will almost invariably fail. The treatment should be directed mainly to the liver, which is the cause of the symptoms in other parts of the body, and so, in the first place, I put them on such a treatment as follows:

℞ Podophylin..... one-fifth grain,
Hydrarg bichlorid..... one-tenth grain,
Ext. colocynth comp..... three-quarter grain.
Ft. Capsule No. 1.

I give one of these capsules in the above proportion three times a day, and gradually lessen the number as the symptoms improve. The diet should be composed principally of animal broths and meat. Then it is well to advise them to wash themselves all over every morning with cold water and rub dry with a rough towel. This, with fresh out-door exercise, will generally bring them out all right.—*Peoria Med. Monthly.*

Tarnished colored gold articles, it is said, may be restored by the following method: Dissolve one ounce of bicarbonate of soda, half an ounce of chloride of lime and half an ounce of common salt in about four ounces of boiling water; take a clean brush and wash the article with the hot solution for a few seconds, and rinse them immediately in two clean waters; after this process, dry them in warm sawdust, and finish the operation by rubbing them over with tissue-paper.

SOME POINTS CONCERNING SANGUIS BOVINUS EXSICCATUS (DESICCATED BLOOD).

BY F. E. STEWART, M.D., PH. G.,
Of Manchester, Kentucky.

I see that the fifteenth edition of the United States Dispensatory, recently published, gives me credit for the introduction of sanguis bovinus exsiccatus (desiccated blood), as a method of administering iron. As that is only one of its uses, and by no means the principal one, I beg leave to call attention to the following brief summary of what I consider to be the true position of this valuable agent in therapeutics.

Sanguis bovinus exsiccatus is a concentrated nutritive tonic prepared directly from the blood of bullocks, by simply drying it at a low temperature, to prevent the albumen from coagulating by the heat, and in shallow pans. The product, when so prepared, is in the form of thin scales somewhat resembling the scaly salts of the pharmacopœia. The blood may be prevented from clotting by stirring it before drying, and removing the small portion of fibrin that attaches itself to the stirring rod, or by adding a small portion of acid to the blood before submitting it to the desiccating process.

The article thus prepared contains all the elements of the blood, and in a form for easy assimilation; but, more than this, it contains potentially all that vast amount of energy required to raise blood from the plane of elements and of chemicel compounds to that of animal life. It is, therefore, not only an agent for building and repairing tissues, but is, at the same time, a fuel, and its combustion in the system is capable of generating a large amount of vital energy for carrying on the vital processes.

Furthermore, this article contains iron in that peculiar combination found in the blood, and this form, so far as known, can only be manufactured by vital chemistry. The important relation that iron bears to the health of the red blood corpuscle, and the special relations borne by the red corpuscle to respiration and to the nervous system, are well known, and, together with the facts already stated, will probably account for the great benefit following the administration of desiccated blood, even in quantities too small for the credit to be entirely due to the albumen which it contains.

Indications for use.—Desiccated blood has been used with benefit in wasting diseases; in various cachexia, such as scrofula, consumption and syphilis; in anæmia and chlorosis; in atonic dyspepsia; after hemorrhages and exhaustive discharges; in the height of the fever process to supply the combustion of tissues incident thereto, and to forestall a prostrated condition endangering life from exhaustion; in convalescence from fevers; and as a "building-up" measure in surgical cases before operations, and after operations to hasten the reparative process. It is indicated in all cases where it is desirable to give iron, but more especially whenever the problem is to give food.

If quickly dried, this product is odorless, and almost entirely devoid of unpleasant taste. It may be administered either by the mouth or by the rectum; preferably, however, by the former method. When administered by the mouth, it may be prescribed in combination with glycerine, with glycerine and brandy, or simply in solution with water. In either case the blood should be first dissolved in water. A very good formula, suggested to me by Dr. Andrew H. Smith, of New York, is the following:

℞ Sang. bov. exsiccat..... ..... ℥ vj,
Aquæ..... fl. ℥ iv,
Misce ft. sol.
Adde spts. vin. gal. et glycerinæ ana..... ℥ j.
S.—Tablespoonful three or four times daily.

In fever cases, when the temperature is high, I am in the habit of giving a teaspoonful, or more. as the stomach will bear it, every hour, carefully watching the dejections to see that it is all assimilated; and its use in this manner has been followed, in a number of cases, by the most gratifying results. In some cases, however, it is not assimilated, and stains the dejections black. In such instances, the addition of pepsin will usually remove the difficulty. As a disguise to the taste, I have been in the habit of employing some of the essential oils, a few drops of which will answer the requirements.

With regard to the use of blood per rectum, I have found that, in some cases it is readily absorbed, and in other cases absorption does not take place. The reason for this I have never been able to ascertain. Pepsin should always be added to the solution when difficulty of this kind is experienced.

A point or two with regard to making a solution of desiccated blood. When preparing an aqueous solution, *never pour the water on the scales; always pour the scales in the water.* This point cannot be too strongly insisted upon. Then stir with a glass rod or spatula until dissolved, taking care to prevent the agglomeration of the scales into a mass. Again, always use *cold* water in forming the solution. Blood contains a large proportion of albumen. In fact, the dry blood is almost all albumen, and albumen coagulates at a temperature of 160° F. There is about as much sense in attempting to dissolve dry blood in hot water as to attempt the solution of an egg in the same medium. In either case the albumen coagulates and becomes hard. If a little more attention were paid to this well-known fact, we would hear less of those displays of stupid ignorance on the part of certain individuals, who have attempted to dissolve desiccated blood in boiling water.

For rectal use, the solution should be gently warmed before injecting, taking care not to raise it to a sufficient temperature to coagulate the albumen.—*Med. and Surg. Rep.*

In treating an aneurism Dupuytren ligatured the fourth cervical nerve, and Lister, in a similar case, after a considerable time, performed a like operation on the lower cord of the brachial plexus.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD DECEMBER 10TH, 1883.

The Association was called to order at the usual hour and, in the absence of the President and Vice-Presidents, Dr. C. H. Jones was called to the chair.

HEMORRHAGE AFTER TONSILLOTOMY.—Dr. Perkins reported a case of hemorrhage after removal of the tonsils in a girl æt. 17. It was the second case of the sort he had had. The hemorrhage occurred on the third day after operation, was checked without difficulty, and there has been no recurrence of it.

OBSTINATE VOMITING FROM PREGNANCY.—Dr. Gibbons reported a case of obstinate vomiting. He was called to see the patient (a young woman two months advanced in pregnancy) about six weeks ago. All the usual remedies were tried in vain, including the last one recommended, pop-corn. Relief has finally been obtained by a combination of vichy water and sherry wine. Dr. A. Atkinson had succeeded with a mixture of creasote, gtt. j, and infusion of columbo, ʒ ss, after failure of other remedies. The Chairman suggested bromide of potassium and hydrocyanic acid. Dr. J. T. Smith had very little confidence in any specific remedy; the vomiting ceases of itself and the last thing given gets the credit.

Dr. Kemp, Jr., referred to a very severe case, lasting from the fifth week to the end of the eighth month. Dry cold applied to the abdomen gave more relief to the patient than anything else. The patient was compelled to remain recumbent all the time, in order to obtain relief. Dr. Gibbons said dry cold was tried without effect on his patient. She vomited both lying down and when sitting. Dr. Taneyhill had applied Lugol's solution to the os uteri in three cases, with relief. Dr. Reinhart had found tinct. of nux vomica and citric acid solution effectual. Dr. Scarff said there was no specific for it. Hydrate of chloral relieved a lady in one pregnancy, but failed in the next.

AVENA SATIVA AS A SEDATIVE.—Dr. A. Atkinson spoke of the excellent effect he had obtained in a patient who had been drinking from the tinct. of avena sativa. It had acted better than chloral, bromide of potash or opium. Dr. King had obtained marked sedative effects from the same drug in 40 drop doses.

CHLORAL IN PUERPERAL ECLAMPSIA.—Dr. Taneyhill referred to the good effects obtained in a patient, suffering from puerperal convulsions, from rectal injections of hydrate of chloral in 30 grain doses every two hours. The convulsions began about 30 to 35 minutes after confinement. The urine coagulated completely in the test tube, on the application of tests for albumen.

PRURITUS ANI.—Dr. A. Atkinson opened the regular discussion on this subject. He attributed the affection to an eczema, which produces an annoying itching, especially marked at night, when the sufferer is in bed. It may be produced by ascarides and

is promoted by constipation, diarrhœa, alcohol, coffee, tea, sweets, feather beds, smoking, late suppers, etc. The use of water locally seems to intensify it. The treatment is partly deducible from the above and includes saline cathartics, sulphur and cream of tartar, the saline and sulphur mineral waters, exercise to fatigue, hot water injections, a large dose of bromide at bed-time, the aqueous extract of opium in suppositories, application to the anus of a strong solution of boracic acid (which was strongly recommended), the use of yellow wax or mercurial ointment, abstention from rubbing and the attention to diet.

The chairman had used iodoform with relief in one case.

Dr. Gibbons said the application of fluid extract of gelsemium will relieve itching.

Dr. Scharff employs a solution of iodoform in chloroform.

Dr. Perkins thought that the virtues of iodoform are often impaired by the attempts to overcome its odor, and that the disagreeability of the latter is exaggerated.

Dr. Taneyhill recommended the use of Parr's soap immediately after stool and at night, followed by the application of oleate of mercury (10 per ct.). He would guarantee a cure by this treatment in three weeks. Of eleven cases which he had thus treated, all were cured.—*Southern Clinic.*

Migraine.—Dr. Morton (Med. Gaz.) says: "The most satisfactory single remedy for the form of migraine in which there is angio-spasm is the bromide of sodium. Drachm doses are to be given at every onset, and repeated in an hour and a half, if the attack does not cease. This will seldom fail in cutting short an attack. In addition, the same remedy should be given in ten-grain doses three times a day, for a period of from three to six months. The sodium salt does not depress the whole economy to anything like the extent the potassium salt does. Cod-liver oil and iron may be given in conjunction with the sodium bromide. The theoretical objection to the use of an agent believed to lessen the amount of blood in the brain, in a condition in which there is supposed to be anæmia of the affected side, is answered by the paradoxical assertion that in the spastic form of migraine the bromide probably increases the quantity of blood in the anæmic area by depressing the function of the vaso-motor system. Nitro-glycerina and nitrite of amyl, presumably from their power to control spasm, are very useful in the spastic form of migraine. The effects of nitrite of amyl are probably the more transient of the two. Nitro-glycerine is often of remarkable efficacy. A one-per-cent. solution may be given in doses gradually increased from one drop to five drops, three times daily. This agent is believed to be decomposed, in the presence of an alkali, with the production of nitrous acid. This decomposition may take place in the stomach, if it be alkaline; otherwise, and more slowly, in the blood. Nitro-glycerine is best given after the meals. The bromide of sodium may be given with advantage, at the same time, before meals.

ABSTRACTS AND GLEANINGS.

Homeopathy in the British Medical Association.—Quite a flurry was created in the British Medical Association at the annual meeting in Liverpool several months ago, by a strenuous effort on the part of homeopaths and their friends to gain admittance and recognition. The opposition was so impatient and so violent, and the advocates of admission so persistent and irritable, as to create an uproar not creditable to a scientific body. The question might have been settled without disorder by the weight of numbers. We are at a loss to explain these attempts of sectaries to obtain fellowship with those whom they abuse and denounce habitually as old fogies, bigots, teachers of error and workers of mischief, and even as man-slayers through their method of practice. Every sensible person knows that homœopathy was nurtured from its birth on antagonism to regular medicine, and that rank hostility to the regular profession has been its constant watchword. One would suppose that a class of people bitterly hostile to another class, holding them in contempt and claiming for themselves superior attainment and merit, would be glad to stand aloof and shun association with their deluded and bigoted inferiors. What if a strait moralist or a professor of religion should ask admission to, and affiliation with a club of gamblers, and cry persecution because his application was rejected? What if a Roman Catholic congregation should refuse to admit into its ranks a Unitarian or a Methodist unchanged in faith and unwashed of his heresies? All the world would say the Catholics were right and the applicant a fool or crazed. And so would people think if a Catholic should knock at the door of a Presbyterian Church and ask admission and fraternization, still adhering to his old faith and continuing to believe in the Pope and to worship the Virgin. Not a whit more consistent are homeopaths in asking admission to the professional fold without renouncing their peculiar and exclusive dogma, and the unscientific and preposterous notion of increasing the activity of remedies by reducing the dose to the millionth or even much beyond the millionth part of a millionth of a grain or drop.

We observe that a prominent newspaper in Liverpool takes the part of the poor, persecuted similibus men, and condemns the rejection of the only school of physicians founded on a purely scientific basis by an association whose members have no scientific methods, but whose practice is wholly empirical. The editor must have some peculiar notions as to what constitutes a science. It were well for him to learn something more in regard to the subject. Until he does so he had better practice on the old maxim, *ne sutor*, etc.

Treatment of Measles.—D. Maclean, M.D., Glasgow, physician to the Glasgow Public Dispensary Chest and Throat Clinic, in the Lancet, says: "The greatest action of the disease, as we all

know, is upon the mucous membrane of the lungs, and it is from its action there we have the immediate cause of the ensuing death, or the prolonged ill-health afterward. We have, thus, clearly set before us the line of action to follow: (1) To relieve the congestion of the mucous membrane, which is the immediate cause of danger, and (2) to destroy or reduce the violence of the disease itself. This I have been in the habit of doing, I believe successfully, by giving (say to a child two or three years of age) a teaspoonful in water of the following mixture every three hours: Ipicacuanha wine, half a drachm; syrup of squills, half an ounce; quinine, two grains; acetate-of-ammonia solution to two ounces. Of course the quinine is increased according to age. We have, thus, in this mixture a stimulating expectorant and diaphoretic to relieve the tension in the mucous membranes and the skin, and also in the quinine a specific to destroy or abate the violence of the primary ferment. It may be necessary to add to or modify the form in which this plan of treatment is carried ont; as when the irritation and cough are persistently great; then the addition of a little tincture of hyoscyamus is all that is necessary. So with the quinine; sometimes the stomach is so irritable that it is necessary to omit it from the mixture; but as it is essential that it be introduced into the system for the destruction of the ferment, it can be administered separately by giving it in powder, mixed with saccharated carbonate of iron, which diminishes the irritant action of the quinine that takes place when the drug is given alone.

Experimental Investigation into the Protective Power of Attenuated Tuberculous Material.—These experiments were conducted by Dr. Falk, of Berlin, and were undertaken with the view of ascertaining whether animals in whom inoculation of tuberculous material had been practiced were thereby in any degree rendered insusceptible to a recurrence of the tuberculous process on repetition of the operation. Great difficulty was experienced in so modifying the material that it would not prove fatal on the first infection. The use of heat and chemical substances being impracticable, owing to the destructive character of these, the experimenter had recourse to a natural means of disinfection, i. e., to organic decomposition. This, as is well known, is antagonistic to infection; when, therefore, through continuous moistening of tuberculous tissues, a decomposition is set up in them, one may observe that the tubercle gradually loses its virulence. Using such material in which the decomposition had not advanced very far, Dr. F. introduced particles of it into the peritoneal cavity of animals; the result was not a general disease but only a local tuberculosis. This first inoculation surmounted and the local, cheesy abscess having undergone condensation and complete calcification, a second inoculation was attempted with fresh tubercles with infectious properties unimpaired. The results indicated that there is not the slightest ground for a belief in a protective inoculation in tuberculosis, for F observed that the animals which had already been inoculated were much more severely affected by the disease than those which had not undergone the process: and that the first

inoculation, instead of being a means of protection, had decidedly increased the tendency to renewed disease by some sort of degenerative influence which it left after it.

The above experiments receive an explanation in the views advanced by Virchow and referred to in our last number. This author, it will be recollected, denies the infectiousness of tubercle, although conceding the ætiological significance of the bacillus tuberculosis. According to him this parasite acts only locally in parts in which it has secured a lodgment, and constitutional involvement is the result purely of processes which it sets up therein. Hence, the effect of inoculation is simply cumulative—merely adding to the contagium already present—just as planting a number of the itch insects over the surface of a person affected with scabies would do.

But it appears to us that, viewing the matter from the standpoint of the clinician, the difference is one rather of degree than kind, and it matters little to an individual whether a bacillus tuberculosis, inspired in the breath, causes a primary constitutional infection or not, provided it tends almost invariably, like acknowledged infectious processes, to lead to a fatal result.—*Maryl'd Med. Jour.*

Radical Cure of Hernia.—In two clinical lectures in the Indian Medical Gazette, Dr. R. McLeod describes the method of operating for the radical cure of hernia, which he has practiced in several cases during the last two years, and gives a table of the cases, with details of the results. His plan of operation—not peculiar to himself—is to isolate the sac quite up to the internal ring, there place a catgut ligature around it moderately tight, and tie the same thread at intervals of half an inch lower down the sac three times more. He cuts off the sac below the lowest ligature. With a Wood's needle he then stitches the inner pillar and conjoined tendon to the outer pillar and Poupart's ligament, leaving the ligatured neck of the sac as a plug in the inguinal canal. The wound treatment is antiseptic, and Dr. McLeod lays great stress on this point, insisting that the operation is not justifiable unless this precaution is taken. In all, Dr. McLeod has performed this operation twenty-eight times, with a total mortality of six. Of these cases, seven were patients with strangulation of the hernia, and this operation was done as a sequel to ordinary kelotomy; of these, one died of collapse eight hours after the operation, and another ten hours after the operation of laparotomy, performed five days and a half after the first operation on account of persistence of the symptoms of obstruction. In four patients the hernia complicated large scrotal tumors requiring operation. Two of these patients died from septicæmia, but in neither of them was there any peritonitis or mischief in the seat of the operation upon the hernia. The remaining seventeen were cases of reducible hernia, and among them there were two deaths—one from pyæmia, and one patient, who was removed from the hospital ten days after the operation, died two days later, probably from carbolic acid poisoning. These cases do not show the operation to be one attended with serious risk, if performed antiseptically. Four of the six fatal

cases, in two the operation cannot be credited with causing the mortal shock. In the two cases fatal from septicæmia, the poison appears to have been absorbed from the scrotal, and not from the inguinal, wound. The other two deaths are directly traceable to the operation. Evidently it is not a procedure to be entered upon lightly, or without clearly explaining the risks to the patient. But whenever kelotomy has to be performed, it would appear to be wise, if possible, to supplement it by an attempt to procure a permanent cure of the affection, for this adds nothing to the danger of the original step, and, indeed, by closing the track into the peritoneal cavity, possibly lessens one of its perils.

Absorbent Cotton as a Dressing.—For over a year I have been using absorbent cotton as a dressing for the umbilical cord. I have been pleased beyond my expectations. I have had, during that time, not a single bad result—the cord coming off clean and smooth, not even the sign of a granulation. The skin around was not irritated in the least. My position as attendant upon the Christian Home here, a home for unfortunate girls, gives me a good opportunity to try it. Even with the inexperienced girls as nurses I have had no bad effects. When the child is ready to be dressed, I take a liberal piece of cotton and envelope the cord well. I use no grease of any kind. Dress the cord only once. Do not allow the dressing to be disturbed by the nurse looking at the cord each time the child is dressed. I thus prevent all pulling on the cord. The cord comes off in from three to four days, leaving a perfect navel. There is not, at any time, the slightest odor. I have used it in some twenty cases. I hope the members of the profession will give it a trial. It will, I think, in a number of cases, prevent umbilical hernia by preventing pulling, which occurs more or less in every case when cloth is used. It also gives gentle and equal pressure over the navel.—*W. D. Babcock, M.D., in Obstetric Gazette.*

What is a Couvreuse?—The London Lancet describes a pseudo invention called the couvreuse, which was suggested by the incubator for poultry. It is a plain wooden box about two and a half feet square and two feet four inches deep. A reservoir in the bottom of the box holds ten or twelve gallons of water, which is supplied from a boiler outside, and kept warm by a common lamp. Over the water tank is a bed of saw dust to retain the heat. A basket or cradle rests on the saw-dust bed, and will hold two infants. The cradle can be withdrawn by a side door. Over the box is a glass covering with a thermometer so placed as to indicate the temperature, which is kept about eighty-six degrees F. The infants can be seen at any time through the glass. The ventilation is said to be good, and though the children are taken out regularly to be fed and washed, they do not take cold. So successful has been the couvreuse that it is to be supplied to all the hospitals of France. Further, a small portable one is made, to be carried from house to house where it may be wanted.—*Pac. Med. Jour.*

Injection of Morphia for Strangulated Hernia.—In the Vratch Dr. Zolotnitzky reports a case of femoral hernia, strangulated for eighteen hours. All manipulation proving unsuccessful, he injected subcutaneously one-fifth of a grain of acetate of morphia in the neighborhood of the hernia. After one hour the tumor had nearly disappeared and a single touch of the finger completed reduction.—*Med. and Surg. Rep.*

Salicylic Acid in Cerebro-Spinal Meningitis.—Dr. Ramsay, in St. Louis Cour. Med., says:

1. The analogy existing between rheumatism and cerebro-spinal meningitis would suggest, and be good reason for the use of similar remedies in both diseases.

2. Salicylic acid being the best remedy, almost a specific in the treatment of acute articular rheumatism, would be a strong indication for its use in cerebro-spinal meningitis.

3. It produces a marked reduction in the temperature; the fever being thus lowered, the tissue-destruction and the onward progress of the inflammation is checked, thereby giving the patient rest.

4. It controls the intensely annoying metastatic pains of head, back, elbow and knee, giving the patient ease.

5. It exerts a direct influence for good over the inflammation itself, and can be taken in frequent large doses without bad effect; having given a boy fifteen years of age half-drachm doses every four hours for three or four days, with the only result of a great benefit in all the symptoms connected with the disease, is, I think, conclusive evidence of its harmlessness.

6. Its good effects are soon apparent, and it does not interfere with the use of other measures of relief, as ice, blisters, etc.

7. The best mode of using the remedy is to administer large doses frequently. For adults begin on doses of 15 grs. repeated every two hours, and increase the dose as may be found necessary to obtain the desired effect to ℈ ij, at intervals of two hours, if need be. When the disease is under control, which will be determined by the reduction in temperature, relief of pain and placid countenance, decrease the dose, give at longer intervals, but still continue the use of it in small doses as long as the least symptom is present indicative of the disease.

Having never heard nor read of salicylic acid being used in the treatment of cerebro-spinal meningitis, and my good success with its use in this fearful epidemic being afterward verified by Dr. J. B. Weever, of this place, I hope to induce others to give this remedy a trial, and by so doing I think they will be enabled to see very happy effects from its use, and thereby be highly gratified with the results.

Glycerine after Bathing.—Like the ancient Romans, D. S. Troy, of Montgomery, Ala., (Popular Science News,) has taken to using glycerine after bathing, with most happy results. He puts one drop of attar of roses in two ounces of glycerine, and rubs the body after bathing. The result was charming: it left the skin soft, with all of its functions in as full operation as before the

bathing, and with a delicious sensation of perfect cleanliness. He has been using it for four or five years regularly, leading a life more sedentary than ever, and it seems to supply to the skin a vigor similar to that resulting from muscular exercise. It has been of great benefit to his general health and personal comfort. No care is required in rubbing it on, except to see that it is applied to all the skin except the face, and particularly to the soles of the feet. If any remains after the rubbing, it can be readily wiped off with a towel.—*Med. and Surg. Journal.*

The Cholera Germ.—News from Berlin, dated February 19, states that the German Sanitary Commission which was sent out to Egypt by the Imperial Board of Health to study the nature and causes, etc., of cholera, and which, after finishing its labors at Alexandria, was ordered to continue its investigations in India, has just forwarded a report from Calcutta, where it arrived some two or three months ago. The Commission discovered the cholera germ in a water-tank at Calcutta, and found in the suburban village where the cholera appeared the same microscopic organism which had been discovered in the lower intestines of cholera victims in Egypt.—*Med. and Surg. Rep.*

International Medical Congress.—The meetings of this Congress will begin at Copenhagen on August 10. A steamer will leave Hull (England) on August 2d and 9th for Copenhagen; and on August 5th a steamer will leave Leith (Scotland) for Copenhagen. Both these places (Hull and Leith) can be reached on any day by leaving Belfast on the previous evening by the cross-channel steamers. Visitors, after attending the meeting of the British Medical Association in Belfast, will have ample time to travel to Copenhagen for the Congress.—*Med. and Surg. Rep.*

Good Advice.—"Merit and patience then, my boy," says the Indiana Medical Journal, in the guise of a father's letter to a son just about to begin the practice of medicine, "is the course to pursue, in order to gain reputation and a large practice in the shortest possible period of time. These mushroom reputations have no solid foundation and are 'no good.' Let me entreat, then, in conclusion, to make haste slowly; to stick to your legitimate duties; to mind your own business; "whatever thy hand findeth to do, do it with all thy might." If you intend to make of yourself a physician, be a physician; keep apace with the times and the collaterals of your science as well as you can; cultivate good common sense and sound judgment; beware of the voice of flattery; be honest and truthful; scorn deceit. Do all these things, and you will have no occasion to advertise in the newspapers in order to secure a reputation or a large practice.

It is said that a small dose of morphine given with quinine is the best thing to counteract the unpleasant cerebral symptoms of the latter.

Hippurate of Soda.—In herbivorous animals the renal excretions rarely contain uric acid, but hippuric acid is always present. Uric acid is probably formed at one stage, but the presence of hippuric acid in considerable quantity effects its decomposition. Hippuric acid forms salts which are extremely soluble.

To approximate, therefore, the excretions from the kidneys of man to those of the herbivora, is to make an important step towards the prevention or removal, as the case may be, of the cause of diseases which arise from the defective elimination of uric acid. This may be attained by the employment of such a salt as hippurate of soda.

Dr. Garrod says: "There is no doubt that if hippurate of soda be added to a blood serum which shows the presence of a urate, the latter is soon removed from it."

(*1.*) *Powders.*—The hippurate of soda itself, dispensed in powder form, keeps quite well in paper. Combinations of the salt with lithia carbonate and citrate and bicarbonate of potash and soda, put up in powders in the usual way and kept for a fortnight, were found, on examination, to be in as good condition as when prepared.

(*2.*) *Mixtures.*—Like all alkaline salts, the taste of the hippurate of soda is disagreeably saline. I have tried a number of combinations with the object of rendering its administration as pleasant as possible, and the results mhy be briefly stated.

Chloroform water or spirit of chloroform seems to make it more disagreeable, rendering it almost nauseous.

Infusion of calumba disguises the saline taste, and, where the bitter is not an objection, affords an eligible vehicle.

The most agreeable mixtures, however, are obtained by employing syrup and peppermint water, or glycerin and cinnamon water.

The following examples may suffice:

(1.) R. Sodæ hippurat.....gr. 80,
Lithiæ carb.....gr. 24,
Glycerin.....ʒ iv,
Aq. cinnam.....ad ʒ viij.

M. Sig. One-eigth part for a dose.

(2.) R. Sodæ hippur.....ʒ ij,
Potass. citrat.....ʒ iij,
Syrupi.....ʒ vj,
Aq. menth. pip.....ad ʒ vj.

M. Sig. A tablespoonful for a dose.

The addition of an alkaline carbonate or citrate as given in the foregoing is desirable, so as to imitate the condition of the renal excretion of the herbivora, which is alkaline, that of man being usually acid.

The salt is very soluble, fifty grains dissolved in thirty minims of water forming a syrupy liquid. The dose may be from ten to fifteen grains.—*Phar. Jour. and Trans., Dec. 29, 1883.*

Antral Abscess.—Dr. Marshall (Chicago Medical Society Journal of American Medical Association) says:

Antral abscess is a much more serious difficulty than the affection just described, the former causing at its inception rigors and fever, and involves much more of the adjacent structures, periosteum, etc. In antral abscess the pus may be retained between this membrane and the bone, causing absorption of the walls of the antrum; and it may open into the mouth, orbit, or through the external surface, and cause hideous deformity. Extensive necrosis of the maxilla often follows, and it may extend to the ethmoid, lachrymal, palatine, and inferior turbinated bone, with cerebral abscess, unless early recognized and interfered with by surgical means.

When a dental abscess opens into the maxillary sinus, there may be danger of septic poisoning, if the secretions become foul and no other outlet is present. If this should occur it will be attended, of course, with serious constitutional symptoms. When it escapes into the nose the discharge will be unilateral, in its always being from the same nostril, and most abundant when a patient is lying upon the opposite side.

After the cases, with the symptoms, history, etc., etc., had been cited, the paper concluded with the treatment, which consists in syringing the cavity of a tooth and abscess through the pulp canal with warm carbolized water, 2 grs. to the ounce, once daily, and packing the tooth with carbolized cotton, and sealing it in with gutta-percha stopping to exclude external moisture. Sometimes the buccal roots can be explored with a fine probe, by passing it upwards for an inch and three-quarters. Water can be thrown into the antrum of Highmore through the roots of the teeth, and the fluid will escape into the nose. A tooth always needs to be extracted, if not already missing, and we then discover, most likely, that the pus will escape into the mouth through the alveoli, and that the ends of the buccal roots are somewhat rough and portions already have been removed by absorption. A few weeks' time of treatment in this manner usually results in a most satisfactory improvement or entire recovery of the patient."

Dr. B. W. Richardson on the Morphia Habit and its Treatment.—Dr. R.'s communication, read before the Medical Society of London, referred more particularly to the hypodermic injection. A considerable proportion of the cases under his notice had been physicians. The dose varies from under one grain to fifteen grains a day. Under three grains a day, the symptoms were not of sufficient gravity to interfere with the discharge of the ordinary duties of life; but larger doses soon began to cause marked symptoms. He had known as much as twelve grains a day injected over long periods, and had heard of a patient who used eighteen grains (the symptoms from 3½ gr. doses, as described by an habitue himself were here given); the more serious symptoms induced by deep indulgence in the habit were, ordinarily, intensified appetite for the drug, loss of power of the will, confirmed apathy without the ordinary toxic effects of opium, failure of all

the mental faculties, together with general failure of voluntary and involuntary muscular power. The objective symptoms were those of diminished vitality generally; bending of the body and the signs of premature old age. Immediately after the dose, the temperature might be noticed to be commonly raised one or two degrees at least, until the habit had been long established; irregularity occurred as the effect of the dose was passing off. The danger incident to the practice was the next topic brought forward, qualified by the observation that, in certain forms of fetal diseases, the habit, with all its drawbacks, might sometimes be useful; might sometimes make existence easier, and prolong life. This, however, was the exceptional part of the practice, and required to be carefully separated from the general. The author believes that the symptoms produced by morphine and by opium-smoking are different, the narcotic effects being more pronounced in the latter. The total withdrawal of the drug effected in from seven to twenty-one days is the only natural and safe mode of cure. If the quantity be small and the habit be not of long duration, it might be advisable to suddenly withdraw, but when well established he adhered strongly to the above opinion.—*British Med. Jour.*

Anæsthesia by a Mixture of Morphia, Atropia and Chloroform.—Dr. C. Aubert communicates to the Societe de Biologie (Comptes Rendus) the results which he has obtained in his surgical practice by preceding the use of chloroform by the injection of

Morphia chlor. hydrat.	10 centigr.,
Atropia sulph.	5 milligr.,
Aqua dist.	10 grams.

He uses 1½ grammes of this solution 20 or 30 minutes before beginning the inhalations. In children he uses not more than one gramme. He has used this method in more than 60 cases, and, as far as the atropia is concerned, has never seen the slightest disagreeable symptom, no dilatation of the pupil, perhaps a little dryness of the throat, and considers that these agents furnish great security against the danger of cardiac syncope following chloroform inhalations. The advantages claimed are: First, the security. Second, the greater rapidity with which anæsthesia is produced. Third, the absolute quiet of the patient. Fourth, the facility of awakening. Fifth, the absence of subsequent discomfort and vomiting.

As to security, he refers to one case where in an aged subject there existed adhesions of the pleuræ, extensive pulmonary emphysema, marked mitral insufficiency, interstitial nephritis and purulent cystitis, as proven by the autopsy three weeks later; this method was followed, and there was no perceptible influence upon the pulse. It is true that there was cyanosis which required the use of artificial respiration for two minutes. He accepts, therefore the views of MM. Morat and Dastre, that atropia diminishes the excitability of the pneumogastric.

As to the rapidity of its action: out of 40 patients 4 came under

its influence in 1 minute, 5 in 1½ minutes, 12 in 2 minutes, 6 in 2½ minutes, 2 in 4 minutes, 4 in 5 minutes, 1 in 6 minutes, 1 in 7 minutes, and 1 in 10 minutes.—*Jour. Ame. Med. Association.*

Effects of Strong Light upon the Eye.—Little ("Ophthalmic Review," July, 1883), reports two cases showing the effect of strong light upon the eye. The first was the case of a gentleman whose right eye had been exposed suddenly and for a moment to a very strong electric light. He was blinded for several minutes, and he suffered from intolerance of light and severe headache for some days. He complained of a mist and dark specks before the right eye, with vision of 20.50. There was a distinct haziness over the optic disc and neighboring retina. The second case was of blepharospasm caused by lightning. A gentleman, aged fifty-six, while walking, was struck down by lightning, but was not rendered insensible. On rising, he found he could not open his eyes. Two days later Little saw him, and found marked blepharospasm in both eyes. He said his eyes were hot and painful. He remained in this condition for thirteen days, when he opened his eyes partially. He then steadily improved and ultimately recovered, with good vision and a normal fundus.—*N. Y. Med. Record.*

Succinate of Iron in Biliary Colic.—Dr. Jas. A. Stewart, of Baltimore, revives the claim that the hydrated succinate of the peroxide of iron is efficient in the treatment of gall-stones. He reports one case in which a patient, a lady of forty, who had suffered for three months and was greatly emaciated, recovered health rapidly under drachm doses of the succinate. There had been no trouble for two years.—*Louisv. Med News.*

Gelsemium for After-Pains.—After-pains are sometimes exceedingly rebellious, hence our readers will be pleased to learn that Dr. Holt (New York Medical Journal, December 8, 1883), has used the fluid extract of gelsemium, in doses of a fraction of a drop, frequently repeated. In the case of a patient in whom opium was not tolerated, and where all other remedies had been tried, the relief from gelsemium was prompt and decided.—*Med. and Surg. Rep.*

Iodoform in Ophthalmic Therapeutics.—Vossius (Archiv fur Ophthalmologi, xxix, 1) recommends iodoform in all ulcerative processes of the cornea, especially in ulcus serpens. The earlier the case applies for treatment, the more rapid and favorable is the effect. Its use is not contra-indicated by any complications of the iris. He also advises its use as an antiseptic in all superficial and deep, accidental and artificial wounds of the conjunctiva and cornea, as well as in wounds of the sclera. He has but rarely noticed any evil effects from its use, and never any abscesses of the conjunctiva; nor has he ever met with the amblyopia spoken of by Hirschberg, and attributed by the latter to the use of this drug.—*N. Y. Med. Record.*

SCIENTIFIC ITEMS.

Metallic Cloth.—A novel invention is about to be commercially utilized, it would appear, on a considerable scale—namely, the production of metallic cloth, which, if desired, can be impressed with a pattern or printed upon. In the manufacture of this curious fabric the metal intended to be used is rendered into small particles, short or long, according to requirements, and in this form is mixed with a sticky material, such as india-rubber. The mixture, as thus prepared, is transferred to goods made from cotton, wool, linen, silk or other textile, after which the fabric is dried and calendered, or dressed, in a suitable manner, so as to produce a smooth, metallic face. The process having thus been carried on to this extent, the cloth can be impressed with a desired pattern by the simple operation of embossing, or the pattern may be printed on its surface in the usual manner. The liquid charged with the metal does not penetrate to the under side, but leaves it quite clean. The finished material is quite soft to the touch and very pliable.

Enormous Growth of Railway Interests.—Few realize the enormous growth and present extent and importance of our railway interests. In 1833, fifty years ago, there were 383 miles in operation in the United States; at the close of 1882 there were 115,000 miles. In 1830 there were only thirty miles, and even in 1860 only 30,635 miles of railways. In 1882 the earnings of the railways of the United States could not have been less than $850,000,000, and they probably carried during that year nearly 450,000,000 tons of freight. They employed in some way about 1,750,000 men, and furnished support to at least 8,000,000 persons, not counting the families supported, in whole or in part, by dividends from the earnings. Including in the number of people supported by railways those engaged in the manufacture of railway supplies, we may safely say that the railways furnish support to 9,000,000 persons, or about one-sixth of our entire population.—*Railway Gazette.*

On the Possibility of making a Cadaver Disappear Entirely by the use of ordinary Sulphuric Acid.—A. P. Reynard, (Comptes Rendus de la Societe de Biologie) tells us that, in consequence of the attempts made by Prof. Girard to totally destroy the bodies of sheep affected by charbon by placing them in their weight of commercial sulphuric acid, and thus destroy the virus that Pasteur declares cannot be destroyed by burial, he concluded that here was a means which might be employed to destroy the evidence of crimes committed, and made certain experiments to see how far a human body could be so disposed of.

This method could not very well be used in the case of adults, as it would require too much acid and vessels of too large a size;

but in the case of abortion or infanticide, unfortunately, nothing is easier than to destroy all traces of the crime by means of sulphuric acid. He placed the body of a new born child, weighing three kilos, in a suitable vessel containing four liters of sulphuric acid. Thirty hours later, without the giving off of heat or odor, the cadaver had disappeared. The best means of disposing of the remaining acid is that which would most readily occur to the mind of the criminal—that is, to throw it into the drainage of the house; the pipes, being made of pottery, are not affected; the acid encounters the carbonate of ammonia from the urines, etc., sulphate of ammonia and carbonic acid is the result, and all trace, not only of the crime itself, but also of the means used to conceal it, is obliterated.—*Jr. Amer. Med. Prog.*

The Earth More Rigid Than Steel.——Professor Sir W. Thomson, in his new treatise on natural philosophy, is led, by a consideration of the necessary order of cooling and consolidation of the earth, to infer that the interior of our world is not, as commonly supposed, all liquid, with a thin solid crust of from thirty to one hundred miles thick, but that it is on the whole more rigid than a continuous solid globe of glass of the same diameter, and probably more rigid than such a globe of steel.—*Druggists' Circular.*

Confirmation of Professor Young's Explanation of the Atmospheric Glow.—Just as we are on the point of going to press, Nature, for December 20, 1883, comes to hand with several interesting communications on the recent remarkable atmospheric phenomena. Among these is one from Holland, stating that a comparison of the grayish sediment from rain there on the 13th of December with volcanic ashes brought from Java since the great eruption shows that the two are identical in composition. "Both the sediment and the volcanic ash contained (1) small, transparent, glassy particles, (2) brownish, half-transparent, somewhat filamentous little staves, and (3) jet-black, sharp-edged, small grains resembling augite." A geologist in Madrid, also, who analyzed fresh-fallen snow in that locality, states that he has found "crystals of hypersthene, poroxine, magnetic iron and volcanic glass, all of which have been found in the analysis lately made at Paris of the volcanic ashes from the eruption of Java." There could hardly be a more distinct confirmation of the view that the atmospheric phenomena were really due to the Krakatoa eruption.—*Bost. Jour. Chem.*

The Beauti ul Snow.—A Swiss scientist, Floegel, is said to have found, in examining the residue from the evaporation of freshly-fallen snow, living infusoria and algæ, bacilli and micrococci, mites, diatoms, spores of fungi (in immense numbers), also fibers of wood, mouse hairs, pieces of butterfly-wings, skin of the larvæ of insects, cotton-fibers, pieces of grass, epidermis, pollen-grains, rye and potatoe flour, grains of quartz, minute pieces of roofing-tiles, with bits of iron and coal.

PRACTICAL NOTES AND FORMULÆ.

A Reliable Tænifuge.—

℞ Extracti filicis maris.....ʒ iss,
Pulveris kamalæ.....ʒ ij,
Mucilaginis acaciæ,
Syrupi simplicis, } .....aa ʒ ij,
Aquæ cinnamomi.....ad ʒ iij.

M. S. Half to be taken at bed time, and the other half early in the morning.

Mr. J. B. Lawson reports good results from this in the Glasgow Medical Journal, January, 1884.

Dr. Burrows says: Oleic acid is good to put on the surface to stop itching, and when bismuth is mixed with it, 1 to 2 drachms to the ounce, it is the best thing I have for scalds and burns up to the third degree of severeness. This also allays the itching of erythema, and is good for the chafed surface of infants.—*Ex.*

For Dyspepsia with Constipation and Piles.—

℞ Tinct. nucis vom.....ʒ j,
Podophyllin.....gr. j.

Triturate thoroughly to dissolve.

Sig. Five drops to be taken in water before each meal.

Appetite will improve and stools become natural in a few days. —*Summary.*

Iodide of Ethyl.—Prof. Bartholow says: iodide of ethyl is a very valuable anti-spasmodic, singularly and immediately beneficial in spasmodic asthma, also lessening liability to subsequent attacks. In capillary bronchitis it is conspicuously beneficial, as also in catarrhal pneumonia. In chronic bronchitis it is a most valuable agent, from its local action. It will probably take the place of iodine vapor for respiratory diseases. The dose is gtt. v–xx three or four times a day, by inhalation, generally from a handkerchief.—*Coll. and Clin. Record.*

Malarial Poisoning takes the form of fever and ague, or dysentery. In fever and ague recurring in a person who has been subject to it, it is well to give

℞ Quin sulph.....gr. iv,
Tinct. digital .....m. x,
Ac. phosph. dil.....m. xv,
Aq.....ʒ j.
Ter in die,

with a Pil. Cal. Col. Co., at night, and mercurial tonic in the morning. The poison lying chiefly in the portal circulation, evacuants are indicated, as well as the malarial specific, quinine.

In malarial dysentery, not the putrescent dysentery of camps, it is well to give ipecacuan in full doses. Say you give a drachm of laudanum to a patient, and in two hours, when the stomach is under the influence of the narcotic, pulv. ipecacuan., ʒ i. The patient, for a few hours, will be deadly sick, then vomit, and next day there is a normal stool containing bile, and the dysentery is relieved. If not thoroughly successful in the first attack, repeat the manœuvre.—*Fothergill.*

Treatment of Chapped Hands and Frosted Feet.—At a meeting of the Philadelphia County Medical Society, held November 21, 1883, Dr. Carl Seiler called attention to the value of tincture of bensoin in the treatment of chapped hands and frosted feet. He had used it in a number of cases with much success. It is applied by simply painting it on the skin. The stockings may be prevented from sticking to the feet by rubbing some oil over the benzoin.—*Summary.*

Flatulent Dyspepsia.—

℞ Potass. chlor.....ʒ j,
Sodæ bicarb.....ʒ iiss,
Rhei pulv.....ʒ ss,
Capsici pulv.....grs. iv,
Ol. sassafras.....gtt. ij.

M. Sig. Dissolve in half pint of water, and give tablespoonful immediately after each meal.—*Medical Brief.*

Local Anæsthesia.—According to the Medical News, local anæsthesia may be readily produced by applying with a camel's hair brush the following mixture:

℞ Chloral, } .....aa ʒ j,
Camphor, }
Morph. sulphat.....ʒ ss,
Chloroform.....ℨ j.

M. Sig. To be applied with a brush to the area to be incised. —*Med. Summary.*

Dr. Goodell's Mixture of the four Chlorides.—The following is known as Dr. Goodell's mixture of the "four chlorides," which he prescribes as an alterative tonic:

℞ Hydrarg. bichlor.....grs. j-ij,
Liq. arsen. chlor.....ʒ j,
Acidi. hydrochlor., dil. } .....aa ʒ ij,
Tr. ferri. chlor., }
Syr. Zingib.....ℨ ij,
Aquæ ad.....ℨ vj.

M. Sig. Two Teaspoonfuls three times daily in water, after meals.—*Canada Lancet.*

EDITORIALS AND MISCELLANEOUS.

COMMENCEMENT EXERCISES OF THE SOUTHERN MEDICAL COLLEGE, SESSION 1883–1884.

The Commencement Exercises of the above new and rising Institution in Atlanta took place at the Opera House on the evening of the 25th of February. The audience was the largest and most intelligent ever, perhaps, assembled on a similar occasion in the city of Atlanta.

The graduating class was admirably arranged in two columns, fronting obliquely on either side, with the Faculty, the Board of Trustees and the Orator of the Occasion in the back centre. The stage was decorated in a beautiful and artistic style. A pyramid of evergreens and flowers was placed in the centre, with a beautiful floral inscription of the letters, S. M. C.

The programme was opened with an appropriate and eloquent prayer by the Rev. C. M. Beckwith, D.D., of the Episcopal Church.

The report of W. P. Nicolson, the Dean, was then read, as follows:

To the President and Board of Trustees:

I have to report at the close of the session of 1883–4 that there have been in attendance upon lectures and matriculates one hundred and two students, representing all sections. There has been every effort on the part of the Faculty to make the course more complete than ever before, and there has been a strong tendency towards more rigid examinations and higher requirements. There has been a reduction in the number of graduates, due to many causes—sickness, sudden demands at home, etc. The faculty have labored earnestly to discharge the obligations resting upon them in every way, and we are sure the class, as a whole, appreciate it. I am able to report a far better clinical course, due in a large measure to the facilities afforded by the Ivy Street Hospital.

We present to you to night for the degree of doctor of medicine the following gentlemen, who have, after a satisfactory examination, been found worthy of the degree of doctor of medicine.

The Dean, after reading his report, proceeded to hand Diplomas to the following graduates, to-wit:

Idus P. Allred,
Joseph L. Baker,
Thomas H. Bonner,
James C. Borders,
Richard S. Bradley,
John F. Bruce,
Peter W. Butler,
James H. Duggan,
Jefferson D. Duke,
Thomas A. Fowler,
John B. Goodwin,
John T. Harris,
Andrew M. Jamison,
Isaac C. Johnson,
Charles W. Kirby,
Charles B. Lee,
William R. McCrary,
Charles E. McPhelemy,
Roger A. Mallory,
Augustus C. Murchison,
Francis J. Nelson,
J. W. C. Pettis,
Robert F. Pharr,
John W. Pinkston,
J. W. V. R. Plummer,
Thorp P. Roberts,
John C. Smith,
John M. Suttles.

Prof. Thomas S. Powell, President of the Board of Trustees, then con-

ferred the degrees in due form, closing with the following appropriate, beautiful and eloquent address to the graduates:

Gentlemen:

A peculiar interest, if not anxiety, is always awakened in the hearts of a young man's friends when they see him about to take the first steps in the untried path of a professional life.

But when we look upon a number, as on this occasion, with all preparations made, and their loins girt about with will and purpose to pursue the responsible and arduous career of a practitioner of medicine, that interest and anxious solicitude is increased tenfold.

There is also something pathetic to me in the beginning of a life-work by the young, and their eager ambition to make a noble struggle for success and secure a worthy position before the world.

I find myself asking if their path will be a rugged one of thankless toil, with scarcely a flower by the wayside to cheer and brighten with its beauty and fragrance, or will their feet more often tread pastures of verdure and bloom, where clear waters leap in ripples of glee and birds sing in the shade of green trees, refreshing the weary traveler into forgetfulness of past toil and giving him strength for the labor of the journey still beyond.

No wonder, my young professional brethren, that, with full hearts and enthusiastic emotions, your friends spontaneously cry out to you, "God speed you on your way."

God is always good, and He gives to youth sanguine hopes and joyful expectations, paints their skies the color of the rose, makes their fancy glow with golden dreams, and thus fortifies them with vigor for the toil that life may have in store for their inexperienced hands.

And I would not throw the shadow of a cloud over these beaming skies, nor chill, in the least degree, the enthusiastic ardor of youth's bright hopes. On the contrary, my young friends, I would say to you, always be enthusiastic in your work and in all noble purposes.

Without earnestness and consecrated efforts, you cannot succeed, for this Divine spark of enthusiasm is the secret of the eloquence of work as well as of words, and, with electric force, it scatters obstacles and opposition before it that would not be removed by any other agent.

Also, be ambitious. Your professional studies, instead of being ended, are but scarcely begun, and, while your ambition should be to do your humblest duty nobly, let me exhort you to emulate and strive for the very highest attainments in your work and your life.

But do not be so solicitous for reputation as for character.

When you feel sure you are right in your convictions, be firm in maintaining them against all opposition and aggression.

With solidity for the granite basis of your character, build upon it the noble principles, the high purposes, and all the fair, but enduring proportions of an exalted life.

Let me ask you to have a deep reverence for all sacred things, and to keep yourselves unspotted from the world; for, whatever may be said of its members, your profession, itself, stands a head and shoulders above all others of an earthly character, and each one of you will do your part in ennobling and exalting that profession or debasing it in the eyes of the world and the medical fraternity. I would have you to love, as well as honor, your profession; to be jealous of its position and its rights; but never let a spirit of avarice deter you from exercising your highest professional skill in behalf of the suffering poor as freely and courteously as toward your wealthiest patrons. This is, emphatically, the noblest prerogative of the physician.

Next to reverence for your Creator, ever hold sacred the name of woman in your hearts and upon your lips. Your profession must, necessarily, bring you in close contact with her mental and physical suffering. Be gentle, be kind to her, and give her your sympathy as well as your skill. Be to her a true friend and a wise counsellor, and let her see that with profound respect as well as admiration you regard the wonderful and beautiful combinations of her nature and the Divine appointment of her destiny in the world.

When your career is ended here, my young friends, may each and all of you have the blessed hope of a life to come in that bright world beyond the star-spangled skies.

The next step on the programme was the valedictory address by Dr. P. W. Butler in behalf of the class. The address was, in all respects, an able and admirable production, a considerable portion of it being in original verse. The whole was well and happily delivered. It evinced marked and unusual ability on the part of the speaker, and elicited the profound attention and the repeated applause of the audience.

The Annual Address was next delivered by the Rev. M. B. Wharton, D.D His subject, "The Relations between the Physician and the Minister," was happily chosen and, though extemporaneously delivered, was most ably and eloquently handled. He said that the offices of the minister and physician were combined in the olden time—the elders prayed and the physicians anointed. The minister and the physician are found bravely together amid devastating epidemics and scenes of death. The physician should be a man of integrity, virtue and morality. The mission of the medical man, like that of the minister, was one of mercy and of love. Both ministers and physicians are alike execrated and contemned who refuse their offices to the poor.

There is no wrangling between physicians and ministers, and the speaker bestowed a high compliment upon the doctors for their kindness and liberality in not charging ministers.

His allusions to the Southern Medical as a Home Institution, and, therefore, to be supported, were well put and well sustained, and his mention of the American in Europe who could and would find nothing equal to his own native America furnished a humorous and happy illustration of the point taken, and brought down the House with repeated laughter and applause.

Many other important points were made, which our space will not permit us to mention. Suffice it to say that the address was, in all respects, among the best, most appropriate and most eloquent ever delivered on any like occasion in Atlanta.

After the above address the Dean, as representative of the Faculty, delivered the first and second honors for proficiency in all the branches: First honor to Dr. P. W. Butler, of Georgia. Second honor to I. C. Johnson, of Georgia.

Prizes in the special branches were then conferred upon the following graduates by the separate professors:

In Eye and Ear, to Dr. R. A. Mallory by Professor A. G. Hobbs.
In Operative Surgery, to Dr. P. W. Butler by Prof. G. G. Crawford.
In Practice, to Dr. I. C. Johnson by Professor W. D. Bizzell.
Principles of Surgery, to Dr. P. W. Butler by Prof. Jno. Thad Johnson.
Materia Medica, to Dr. J. H. Duggan by Professor G. G. Roy.
Chemistry, to Dr. P. W. Butler by Professor J. A. Burns.
Physiology, to Dr. Wm. R. McCrary by Professor R. C. Word.
Obstetrics, to Dr. J. B. Goodwin by Professor T. S. Powell.

The several parts of the Programme were interspersed with music, the most artistic and beautiful; floral gifts were profusely distributed by the ladies to the young graduates, and the entire occasion was the best gotten up, the most attractive and the most interesting of the kind we have ever witnessed in Atlanta.

EDITORIAL NOTICES.

THE STATE MEDICAL SOCIETY OF TENNESSEE meets in Chattanooga on Tuesday, April the 10th.

THE AMERICAN MEDICAL ASSOCIATION will meet in Washington City on May 1st, 1884.

THE TEXAS MEDICAL ASSOCIATION meets at Belton on the 22d of April next. The doors of the citizens are to be thrown open to the delegates and to their wives. Well done, Belton.

THE INTERNATIONAL MEDICAL CONGRESS meets at Copenhagen August 10th, 1884.

The British Medical Association meets at Belfast July 29th next.

Parties visiting these Associations can take Cunard Steamer which leaves New York July 16th. Steamers also leave on 12th and 15th of July.

MEDICAL ASSOCIATION OF GEORGIA.—We received the circular invitation of the Committee of Arrangements to attend the Medical Association of the State, which is appointed for the 16th of April at Macon, Georgia. The kind and cordial tone of the invitation, in connection with the well known generous hospitality of the profession at Macon, will be likely to elicit a large representation. We trust that such will be the case, and that it will be a reunion of medical brethren long to be remembered. We hope that the proceedings will be characterized by that broad and liberal spirit which will tend to harmony and to good feeling among the entire profession of the State.

BEAUTIFUL DRUG CASE.—The most beautiful pocket Drug Case we have ever seen was one furnished by the celebrated Drug House of McKesson & Robbins, and presented at the late Commencement Exercises by the Professor of Physiology in the Southern Medical College to Dr. Wm. R. McCrary for the best examination in the Department of Physiology. The case was not only beautiful, but most convenient and admirably gotten up, and filled, and labeled, with a great variety of those unique and exquisitely made gelatine coated pills and granules for which the House of McMesson & Robbins is justly celebrated.

ANNOUNCEMENT CONCERNING PRIZE ESSAYS ON THE SUBJECT OF CANCER.—In March, 1882, a prize of One Thousand Dollars was offered for the best Essay—if thought worthy of the prize—on the following subject: "Probability of the Discovery of a Cure of Malignant Disease, and the Line of Study or Experimentation likely to Bring such a Cure to Light." And the undersigned was delegated to receive essays until December 1st, 1883, and, with such assistance as he should select, to decide upon their merits.

The undersigned hereby announces that six essays on the above subject were presented to him, and that, in the consideration of their merit, the aid of Dr. George B. Shattuck, Editor of the Boston Medical and Surgical Journal, was enlisted. The result of this consideration is that no essay was deemed worthy of the prize.

January 1, 1881.

J. COLLINS WARREN, M.D., M.M.S.S.,
58 Beacon St., Boston, Mass.

One of the contestants for the above prize thinks that he was justly entitled to the prize, as no test was made of his method of cure by the Committee. He has promised to send the essay for publication in our Journal.

SARCO PEPTONES.—This article, a sample of which has been kindly sent us by that excellent house, Parke, Davis & Co., of Detroit, strikes us with great favor as a Food Preparation. It is an extract of Peptonized beef, and being Peptonized or digested already, is said to be most easily assimilated by the most delicate stomach. See the advertisement of this excellent preparation in this number of the Record.

THE SOCIETY TROUBLES IN NEW YORK—A NEW ORGANIZATION.

We have been kindly furnished with a pamphlet containing the minutes of a Convention of the friends of the National Code in New York, which assembled at Albany February 4th, 1884. The old State Association being in session at the same time and place, the new body made a final appeal to have the New Code, which had caused the division, abolished or repealed. It resulted in failure, notwithstanding proof was furnished, as shown in a canvass of the entire State, that a large majority of the Profession in the State was opposed to the New Code. The recorded votes, as taken throughout the State, are as follows: For the National Code, 2,549; for the New Code, 1040; for no code, 239; unclassified, 34. The above vote was from the State at large. Of these there were 382 upon the Society roll, the vote of whom was as follows: For the National Code, 193; for the New Code, 134; for no code, 19; uncommitted, 36. And yet, in the face of this showing, the Old Society refused to repeal its action. This led to the new organization, which assumes the name of *The New York State Medical Association.* The new body will hold its first meeting at New York City on the third Tuesday in November, 1884. The President elect is Dr. H. D. Didama, of Onandaga Co.; Recording Secretary, Dr. Caleb Green, of Courtland Co.; Corresponding Secretary, Dr. E D. Ferguson, Renssalaer Co.

BOOKS AND PAMPHLETS RECEIVED.

The Popular Science Monthly, conducted by E. L. & W. J. Youmans, and published by D Appleton & Co., New York, at $5.00 per annum.

This Journal is now justly regarded as the best and ablest exponent of the advanced thought of the age, especially in referenc to scientific subjects. It contains 143 large octavo pages, neatly designed and typographically excellent. It is a journal largely read by advanced thinkers and those having a taste for scientific subjects, and especially well suited to investigating and progressive minds in the medical Profession.

Medical Directory of Philadelphia, edited by Samuel B. Hoppin, M.D. Philadelphia. P. Blakiston, Son & Co., 1012 Walnut St., 1884.

The Directory is replete with much useful information, being a complete Directory of all the physicians, the societies, hospitals, homes, charities, etc. Not the least valuable of the information it contains is the interesting list of medical publications, etc., by the Publishing House of P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia.

RECEIPTED.

1884.—Dr T L Turk, Dr Redding, H Nance to Oct., A B McWhorter, J J Stephens, J R Johnson, E Wheeler, R E Toombs, W B Thompson, E M Pharr to Oct., R M McCants, James Watts, Robert A Miller, Wily Morgan, P W Butler, H L Sutherland, John Elsnor, E H Wright, E W Hawkins, W M Coleman, E H M Parham, Z T Young, J C Smith, J M Suttle, T T Logan, Thos Whiteman, R S Sampson, William Toon.

1883.—W C Moore, C A Jordan, R D Lucius, R J McMullen, R L Seal to Oct., R H Edwards.

1885.—A G Grove, P A Sloan, Morgan Callahan.

SPECIAL NOTICES.

Dr. J. S. Pemberton & Co., Drug and Chemical Brokers and Manufacturers' Agents, Atlanta, Ga. Drug stores bought and sold. Physicians bills and orders a specialty. Send for prices. Correspondence solicited.

Dr. J. S. Larrabee, Professor Diseases of Children and Mat. Med. and Therapeutics, Hosp[College of Medicine, Louisville, Ky., says: "I have made quite extensive use of that valuable preparation, viz: IODIA, during the past year, and have found its therapeutical value to be fully equal to the elegance of the preparation. In fact, IODIA has been almost a stereotyped ingredient with me in mixtures designed to produce an alterative effect. In chronic diseases of the liver, tertiary syphilis, and rheumatism, it has given good results."

Sarco-Peptones—Attempts have been made, says the *Therapeutic Gazette*, with more or less success, to produce a peptonized preparation of beef which shall be at once concentrated, palatable and permanent. This desideratum seems to be at last fully met in the "sarco-peptones" of Dr. Rudisch, a sample of which has recently been submitted to us for a critical examination. The preparation is in the form of a translucent, firm jelly, of an amber brown color and the agreeable odor and flavor of a good extract of beef. Furnished by Parke, Davis & Co., Detroit.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. This house has, in addition to their interesting insert—a new and attractive advertisement in this issue which please examine carefully.

DIABETES.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION*, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In half-pint bottles, $1.00 per bottle. Expressed on receipt of price. Sample free, except expressage.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

Tongaline.—We wish to call the attention of our readers to this new remedy for Neuralgia and Rheumatism. Having a case of Neuralgia recently which did not improve under the ordinary treatment, we had Messrs. Bush & Co. order some Tongaline for us, which we gave to our patient. It acted admirably, relieving the patient before many doses had been taken. Since then we have had occasion to prescribe it several times, and with the same good results. We believe Tongaline is destined to be the remedy for Neuralgia, and the testimonials from noted physicians and surgeons tend to strengthen such a prediction. Try Tongaline and you will thank us for this suggestion."—*Extract from the Jan.* ('84) *number of the Eastern Medical Journal, Worcester, Mass.*